

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

9111 Old Georgetown Road

☐Check if different
than previously
reported. (ACC)

Bethesda

MD

20814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

01

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Goldberg

Signature of Treasurer

Electronically Filed by Richard Goldberg

Date

02

10

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		401220.04
(b) Cash on Hand at Beginning of Reporting Period	401220.04	
(c) Total Receipts (from Line 19)	33796.51	33796.51
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	435016.55	435016.55
7. Total Disbursements (from Line 31)	2389.10	2389.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	432627.45	432627.45
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27400.00	27400.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5324.66	5324.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	32724.66	32724.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	32724.66	32724.66
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1071.85	1071.85
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33796.51	33796.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33796.51	33796.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1389.10	1389.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1389.10	1389.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1000.00	1000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2389.10	2389.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2389.10	2389.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	32724.66	32724.66
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31724.66	31724.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1389.10	1389.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	1071.85	1071.85
38. Net Operating Expenditures (subtract Line 37 from Line 36)	317.25	317.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 30

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Abdul Alkeylani

Mailing Address 90 Quarry St

City

Willimantic

State

CT

Zip Code

06226-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Cardiology PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 80171-60662478208542

Amount of Each Receipt this Period

500.00

CAPTEL

Full Name (Last, First, Middle Initial)

B. Ronald Asay

Mailing Address 480 W 870 S

City

Orem

State

UT

Zip Code

84604-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Utah Medical Clin-
ic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 80171-01739138364791

Amount of Each Receipt this Period

500.00

CAPTEL

Full Name (Last, First, Middle Initial)

C. Thomas Ashcom

Mailing Address 9350 E 35th St N Ste 101

City

Wichita

State

KS

Zip Code

67226-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultants
of Kansas

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 6

Transaction ID: 47819-33573549985885

Amount of Each Receipt this Period

1000.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

M. David Avington

Mailing Address 600 18th St

City State Zip Code
 Parkersburg WV 26101-3231

FEC ID number of contributing federal political committee.

C

Name of Employer
Parkersburg Crdlyg AssocsOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: 84998-22571963071823

Amount of Each Receipt this Period

500.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)

Joseph Babb

Mailing Address 2133 Conerstone Drive

City State Zip Code
 Winterville NC 27858

FEC ID number of contributing federal political committee.

C

Name of Employer
East Carolina UniversityB-
rody School oOccupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: 84998-69115847349167

Amount of Each Receipt this Period

500.00

PAC Invoice

C. Full Name (Last, First, Middle Initial)

John Bates

Mailing Address 15901 Billiter Ct

City State Zip Code
 Westfield IN 46074-8867

FEC ID number of contributing federal political committee.

C

Name of Employer
The Care Group, LLCOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: 84998-02535647153854

Amount of Each Receipt this Period

1000.00

PAC Invoice

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Ker Boyce Mailing Address 105 Penn Carrol Ln City Southern Pines State NC Zip Code 28387-6700 FEC ID number of contributing federal political committee. C Name of Employer SELF EMPLOYED Occupation ELECTROPHYSIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 80171-83842104673386 Amount of Each Receipt this Period 250.00 CAPTEL
B. Full Name (Last, First, Middle Initial) Neil Brandon Mailing Address 47 Canonchet Way City Narragansett State RI Zip Code 02882-7306 FEC ID number of contributing federal political committee. C Name of Employer SOUTH COUNTY CARDIOLOGY ASSOCIATES Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 47819-99572390317917 Amount of Each Receipt this Period 500.00 CAPTEL
C. Full Name (Last, First, Middle Initial) Kenneth Brin Mailing Address 691 Sutton Rd City Shavertown State PA Zip Code 18708-9550 FEC ID number of contributing federal political committee. C Name of Employer Geisinger Clinic Wilkes Barre Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Transaction ID: 25FU7VOZBVJC5 Amount of Each Receipt this Period 1000.00 PACWEB GENERATED CONTRIBU- TION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Stephen Brown

Mailing Address 5701 Reed Rd

City State Zip Code
 Fort Wayne IN 46835-3565

FEC ID number of contributing federal political committee.

C

Name of Employer
FT WAYNE CARDIOLOGYOccupation
INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 80171-76736086606980

Amount of Each Receipt this Period

500.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)

John Cox

Mailing Address PO Box 4000

City State Zip Code
 Joplin MO 64803-4000

FEC ID number of contributing federal political committee.

C

Name of Employer
Freeman Heart InstituteOccupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 6

Transaction ID: 43258-21743410825729

Amount of Each Receipt this Period

500.00

CAPTEL

C. Full Name (Last, First, Middle Initial)

Yuri Deychak

Mailing Address 10 Floral Park Court

City State Zip Code
 Gaithersburg MD 20817-1830

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardic Consultants CharteredOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 6

Transaction ID: 43258-10644167661666

Amount of Each Receipt this Period

500.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Peter Dourdoufis Mailing Address 333 Borthwick Ave Ste 401 City State Zip Code Portsmouth NH 03801-7128 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Transaction ID: 56410-11773318052291 Amount of Each Receipt this Period 250.00 CAPTEL
B. Full Name (Last, First, Middle Initial) Leland Eaton Mailing Address 1200 Amherst Drive City State Zip Code Dothan AL 35243-2946 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 80171-81232851743698 Amount of Each Receipt this Period 250.00 CAPTEL
C. Full Name (Last, First, Middle Initial) Ted Fish Mailing Address 2581 N Toy Drive City State Zip Code Fayetteville AR 72703-4007 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 80171-29595583677292 Amount of Each Receipt this Period 250.00 CAPTEL

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Freeman

Mailing Address 704 S Webster Ave

City

Green Bay

State

WI

Zip Code

54301-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Associates of
Green Bay, Lt

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 56410-07401674985885

Amount of Each Receipt this Period

500.00

CAPTEL MAIL

Full Name (Last, First, Middle Initial)

B. Edward Fry

Mailing Address 160 E 71st Street

City

Indianapolis

State

IN

Zip Code

46290-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group, LLC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 56410-57589358091354

Amount of Each Receipt this Period

1000.00

PAC Invoice

Full Name (Last, First, Middle Initial)

C. George Goldman

Mailing Address 800 Community Dr

City

Manhasset

State

NY

Zip Code

11030-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY CARDIOLOGY PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 56410-78696841001511

Amount of Each Receipt this Period

250.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan Hemphill

Mailing Address 3500 Autumn Point Lane

City State Zip Code
 Carmichael CA 95608-0438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Interventional Ca-
rdiology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6

Transaction ID: 47819-21213930845260

Amount of Each Receipt this Period

500.00

CAPTEL

Full Name (Last, First, Middle Initial)

B. Thomas Higgins

Mailing Address 109 Walnut Avenue

City State Zip Code
 Marlton NJ 07052-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIAGNOSTIC AND CLINICAL
CARDIOLOGY

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 80171-65885561704636

Amount of Each Receipt this Period

250.00

CAPTEL

Full Name (Last, First, Middle Initial)

C. Steven Johnson

Mailing Address 500 W Royal Tower Drive

City State Zip Code
 Irmo SC 29605-4630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Upstate Cardiology, P.A.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 80171-78330630064011

Amount of Each Receipt this Period

300.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Keith Kadel		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 6002 N MAYFAIR STREET		Transaction ID: 80171-60532778501511
City SPOKANE	State WA	Zip Code 99208-1033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Heart Clinics Northwest	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

CAPEL

B. Full Name (Last, First, Middle Initial) Muhammad Khan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 4510 Medical Center Drive Ste 300		Transaction ID: 43258-17593020200729
City McKinney	State TX	Zip Code 75069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

CAPEL

C. Full Name (Last, First, Middle Initial) Ziad Khoury		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 1321 11th Ave		Transaction ID: 80171-66094607114792
City Altoona	State PA	Zip Code 16601-3301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CARDIOLOGY ASSOCIATES OF ALTOONA	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

CAPEL

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Richard Lewis		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 5088 Stratford Ave		Transaction ID: 84998-44889467954636
City Powell	State OH	Zip Code 43065-8771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Ohio State University	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

PAC Invoice

B. Full Name (Last, First, Middle Initial) William MacLean		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 2939 Balmoral Road		Transaction ID: 43258-65911501646042
City Birmingham	State AL	Zip Code 35235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alabama Cardiovascular Group	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

CAPTEL

C. Full Name (Last, First, Middle Initial) Ronald Mahoney		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 7777 Southwest Fwy Ste 420		Transaction ID: 80171-31524294614792
City Houston	State TX	Zip Code 77074-1805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MEMORIAL PROFESSIONAL BLDG 1	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

CAPTEL

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Stavros Maragos Mailing Address 1239 NORTH STATE PKWY UNIT #3 City State Zip Code CHICAGO IL 60610 FEC ID number of contributing federal political committee. C Name of Employer Heart Care Centers of Ill- inois Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 80171-05505007505416 Amount of Each Receipt this Period 500.00 CAPTEL
B. Full Name (Last, First, Middle Initial) Henry Marquez Mailing Address 2406 Cedar Lane City State Zip Code Sedalia MO 65301-0505 FEC ID number of contributing federal political committee. C Name of Employer MIDWEST HEART & VASCULAR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Transaction ID: 56410-80256289243698 Amount of Each Receipt this Period 300.00 CAPTEL
C. Full Name (Last, First, Middle Initial) Ronald Massari Mailing Address 356 US Highway 46 # B City State Zip Code Mountain Lakes NJ 07046-1717 FEC ID number of contributing federal political committee. C Name of Employer SELF EMPLOYED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 47819-62475222349167 Amount of Each Receipt this Period 250.00 CAPTEL

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. J. Robert McGhee

Mailing Address 2101 SW 20th Pl

City	State	Zip Code
Ocala	FL	34474-7034

FEC ID number of contributing federal political committee.

CName of Employer
SELF EMPLOYEDOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	0	6

Transaction ID: 80171-02402895689010

Amount of Each Receipt this Period

500.00

CAPTEL

Full Name (Last, First, Middle Initial)

B. Michael Mowdy

Mailing Address 2149 SW 59th St Ste 203

City	State	Zip Code
Oklahoma City	OK	73119-7028

FEC ID number of contributing federal political committee.

CName of Employer
Cardiovascular Disease SpecialistOccupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	0	6

Transaction ID: 80171-47271364927292

Amount of Each Receipt this Period

250.00

CAPTEL

Full Name (Last, First, Middle Initial)

C. Camille Nelson

Mailing Address 2665 N Decatur Rd Ste 260

City	State	Zip Code
Decatur	GA	30033-6145

FEC ID number of contributing federal political committee.

CName of Employer
Atlanta Heart Group, Inc.Occupation
NUCLEAR CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	6

Transaction ID: 56410-16843813657760

Amount of Each Receipt this Period

500.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Henry Novack		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 48 Meadowlark Road		Transaction ID: 56410-10102480649948 Amount of Each Receipt this Period 500.00 CAPTEL
City Port Chester	State NY	
Zip Code 10019-1104		
FEC ID number of contributing federal political committee. C		
Name of Employer COLUMBUS CARDIOLOGY	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Kirk Parr		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 10590 N Meridian St Ste 300		Transaction ID: 84998-62809389829636 Amount of Each Receipt this Period 500.00 PAC Invoice
City Indianapolis	State IN	
Zip Code 46290-1028		
FEC ID number of contributing federal political committee. C		
Name of Employer Care Group LLC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) William Platko		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address 117 Pinehurst Pointe Drive		Transaction ID: 47819-82915896177292 Amount of Each Receipt this Period 250.00 CAPTEL
City St. Augustine	State FL	
Zip Code 32086		
FEC ID number of contributing federal political committee. C		
Name of Employer BAKER-GELMORE CARDIOVASCULAR INSTITUTE	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Garnepudi Prasad Mailing Address 110 E Crockett St City Cleveland State TX Zip Code 77327-4044 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 6 Transaction ID: 84998-73875063657761 Amount of Each Receipt this Period 250.00 PAC Invoice
B. Full Name (Last, First, Middle Initial) George Rebecca Mailing Address 2123 S Clear Creek Rd City Killeen State TX Zip Code 76549-4110 FEC ID number of contributing federal political committee. C Name of Employer SELF EMPLOYED Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Transaction ID: 56410-68870180845261 Amount of Each Receipt this Period 250.00 CAPTEL
C. Full Name (Last, First, Middle Initial) Gopikrishna Reddy Mailing Address 1 48th St City Valley State AL Zip Code 36854-3616 FEC ID number of contributing federal political committee. C Name of Employer Valley Cardiology Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Transaction ID: 56410-76322573423386 Amount of Each Receipt this Period 250.00 CAPTEL

SUBTOTAL of Receipts This Page (optional)**750.00****TOTAL** This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Scott Riebel Mailing Address 2183 Lois Lane City Lancaster State PA Zip Code 17602-2179 FEC ID number of contributing federal political committee. C Name of Employer Heart Specialists of Lancaster Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 56410-07093447446823 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> CAPTEL	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	1		0	9		2	0	0	6																							
250.00																																
B. Full Name (Last, First, Middle Initial) Raymond Russell Mailing Address 333 Cedar St. Fmp 3 City New Haven State CT Zip Code 06520-8017 FEC ID number of contributing federal political committee. C Name of Employer Yale University School of Medicine Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 43258-37519472837448 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> CAPTEL	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	1		2	3		2	0	0	6																							
500.00																																
C. Full Name (Last, First, Middle Initial) Frank Ryan Mailing Address 743 Beall Ave City Rockville State MD Zip Code 20850-2108 FEC ID number of contributing federal political committee. C Name of Employer Attorney Occupation American College of Cardiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 84998-00164431333541 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table> PAC Invoice	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	6	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	1		1	6		2	0	0	6																							
300.00																																

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Paul Schmidt		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 1801 Senate Blvd		Transaction ID: 84998-35891360044479
City Indianapolis	State IN	Zip Code 46202-1228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Care Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

PAC Invoice

B. Full Name (Last, First, Middle Initial) Ricky Schneider		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 7233 NW 123rd Ave		Transaction ID: 56410-48797243833542
City Parkland	State FL	Zip Code 33076-4636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Broward Heart Group PA	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

CAPTEL

C. Full Name (Last, First, Middle Initial) Ketankumar Sheth		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 299 1/2 Logan Boulevard		Transaction ID: 80171-77630251646042
City Burnham	State PA	Zip Code 17009-1825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

CAPTEL

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Stuart Shulruff

Mailing Address 356 US Highway 46 Ste B

City State Zip Code
 Mountain Lakes NJ 07046-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6

Transaction ID: 47819-32566469907760

Amount of Each Receipt this Period

250.00

CAPTEL

B. Full Name (Last, First, Middle Initial)

Bruce Silverberg

Mailing Address 1202 S Cedar Crest Blvd
 Ste 500

City State Zip Code
 Allentown PA 18103-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Heart Care Group, PC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: 84998-25587099790573

Amount of Each Receipt this Period

250.00

PAC Invoice

C. Full Name (Last, First, Middle Initial)

Stephen Sinatra

Mailing Address 257 E Center St

City State Zip Code
 Manchester CT 06040-5214

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 6

Transaction ID: 56410-08491152524948

Amount of Each Receipt this Period

1000.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Harvinder Singh Mailing Address 5441 Fenton Way City State Zip Code Granite Bay CA 95746-6301 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 47819-97240847349167 Amount of Each Receipt this Period 250.00 CAPTEL
B. Full Name (Last, First, Middle Initial) Rajeev Singh Mailing Address 7307 Starflower City State Zip Code Katy TX 77494-0179 FEC ID number of contributing federal political committee. C Name of Employer HOUSTON CARDIOLOVASCULAR CONSULTANTS Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 80171-26592653989792 Amount of Each Receipt this Period 250.00 CAPTEL
C. Full Name (Last, First, Middle Initial) Sukirtharan Sinnathamby Mailing Address 2275 Sleepy Hollow Ln City State Zip Code Dayton OH 45414-2966 FEC ID number of contributing federal political committee. C Name of Employer Dayton Cardiology Consultants Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 80171-03568667173385 Amount of Each Receipt this Period 500.00 CAPTEL

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Steinfeld

Mailing Address 3824 Northern Pike Ste 500

City State Zip Code
 Monroeville PA 15146-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer
PREMIERE MEDICAL ASSOCIAT-
ES

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 6

Transaction ID: 56410-24496096372604

Amount of Each Receipt this Period

250.00

CAPTEL

B. Full Name (Last, First, Middle Initial)

Joseph Steinmetz

Mailing Address 1210 Alderly Rd

City State Zip Code
 Indianapolis IN 46260-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: 84998-45527285337448

Amount of Each Receipt this Period

1000.00

PAC Invoice

C. Full Name (Last, First, Middle Initial)

S. Adam Strickberger

Mailing Address 4501 DRUMMOND AVE

City State Zip Code
 CHEVY CHASE MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Cente-
r, Dept of Ca

Occupation
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6

Transaction ID: 47819-30088442564010

Amount of Each Receipt this Period

500.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) William Stuck Mailing Address 500 Edgerton Ct City Columbia State SC Zip Code 29205-2331 FEC ID number of contributing federal political committee. C Name of Employer COLUMBIA HEART Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: 80171-71772402524948 Amount of Each Receipt this Period 250.00 CAPTEL
B. Full Name (Last, First, Middle Initial) Jackson Thatcher Mailing Address 10016 CHOWEN AVE S City BLOOMINGTON State MN Zip Code 55431-2726 FEC ID number of contributing federal political committee. C Name of Employer Park Nicollet Heart Vascular Ctr. Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Transaction ID: 56410-71258181333542 Amount of Each Receipt this Period 250.00 CAPTEL
C. Full Name (Last, First, Middle Initial) Carlos Velasco Mailing Address L Box 60, 3600 Gaston Avenue Wadley Tower, Suite 851 City Dallas State TX Zip Code 75246 FEC ID number of contributing federal political committee. C Name of Employer Baylor Univ. Med. Ctr. Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6 Transaction ID: 47819-31017702817917 Amount of Each Receipt this Period 250.00 CAPTEL

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Bruce Waller

Mailing Address 8625 Bay Colony Dr

City State Zip Code
 Indianapolis IN 46234-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group, LLC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: 84998-80387514829636

Amount of Each Receipt this Period

250.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)

Robert Wang

Mailing Address 356 US Highway 46 # B

City State Zip Code
 Mountain Lakes NJ 07046-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants of
N Morris, PA

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 6 / 2 0 0 6

Transaction ID: 47819-07464236021041

Amount of Each Receipt this Period

250.00

CAPTEL

C. Full Name (Last, First, Middle Initial)

Muhammad Yasin

Mailing Address 4221 S Western Ave
 Ste 2010

City State Zip Code
 Oklahoma City OK 73109-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 6

Transaction ID: 84998-56943911314011

Amount of Each Receipt this Period

500.00

PAC Invoice

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Melvin Young

Mailing Address 123 Grove Ave

City State Zip Code
 Cedarhurst NY 11516-2322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island Cardiology Gr-
oup

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 3 / 2 0 0 6

Transaction ID: 43258-75288027524948

Amount of Each Receipt this Period

250.00

CAPTEL

B. Full Name (Last, First, Middle Initial)

Philip Zinn

Mailing Address 11747 ELMSCOURT

City State Zip Code
 San Antonio TX 78230-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDIOLOGY CLINIC OF SAN
ANTONIO

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 80171-57494753599167

Amount of Each Receipt this Period

250.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

27400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 30

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City State Zip Code
 Richmond VA 23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.85

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 6

Transaction ID: 80398-23244875669479

Amount of Each Receipt this Period

739.29

Reimburse for Jan. Disc/M-
erchant Fees

Full Name (Last, First, Middle Initial)

B. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City State Zip Code
 Richmond VA 23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.85

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 3 / 2 0 0 6

Transaction ID: 80398-73568361997605

Amount of Each Receipt this Period

332.56

Reimburse for Dec. Amex
Fees

SUBTOTAL of Receipts This Page (optional)

1071.85

TOTAL This Period (last page this line number only)

1071.85

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
January Amex Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V19878-6300470232963

Date of Disbursement

/ /

Amount of Each Disbursement this Period

649.81

Full Name (Last, First, Middle Initial)

B. Discover Business Services

Mailing Address P.O. Box 3010

City
New Albany

State
OH

Zip Code
43054

Purpose of Disbursement
January Discover Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M61365-8050348162651

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.72

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address 7300 Chapman Hwy

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement
January Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M61365-2968561053276

Date of Disbursement

/ /

Amount of Each Disbursement this Period

613.04

SUBTOTAL of Disbursements This Page (optional)

1293.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
January Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M61365-1933252215385

Date of Disbursement

/ /

Amount of Each Disbursement this Period

95.53

SUBTOTAL of Disbursements This Page (optional)

95.53

TOTAL This Period (last page this line number only)

1389.10

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ganpat Thakker

Mailing Address 3100 Maccorkle Ave SE Ste 902

City
Charleston

State
WV

Zip Code
25304-1234

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80398-13387697935104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00